PTO/SB/22 (04-07)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) | | al) |
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | 41577-317929 | |
| Application Number 10/542,449 | Filed Dec 13, 2005 | |
| For PHARMACEUTICAL AEROSOL COMPOSITION | | |
| Art Unit 1645 | Examiner Rodney P. Swartz | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | | |
| Fee ☐ One month (37 CFR 1.17(a)(1)) \$120 | Small Entity Fee \$60 | \$ |
| Two months (37 CFR 1.17(a)(2)) \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) \$1020 | \$510 | \$ <u>1020</u> |
| Four months (37 CFR 1.17(a)(4)) \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) \$2160 | \$1080 | s |
| □ Applicant claims small entity status. See 37 CFR 1.27. □ A check in the amount of the fee is enclosed. □ Payment by credit card. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 11-0855. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the □ applicant/inventor. □ assignee of record of the entire interest. See 37 CFR 3.71 | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| □ attorney or agent of record. Registration Number <u>32.</u> □ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. | <u>467</u> | |
| /jamie greene/ | October 1, 2007 | |
| Signature | Date | |
| Jamie L. Greene | 404-815-6500 | |
| Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if | | |
| more than one signature is required, see below. | | |
| ☐ Total of 1 forms are submitted. | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the ISF) To b process) an application. Confidentiality is governed by \$51.05.C. 12 cm and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual cases. Any comments to the amount of time you require to complete his form andror suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of commerce P.O. Box 1450. Alexandria, V.A.22314-145(D. DON TOT SEND FEES) RCOMPLETED FORMS TO THIS ADDRESS. SEND

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TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.